



ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev 1/2023

OFFICE USE ONLY

2023 DESTRUCTION REQUEST FORM

- No destruction of any hemp material is authorized until you receive approval in writing from the Department, or without a Department representative present.**
- The Department will determine on a case-by-case basis whether a licensee can destroy hemp material with or without a Department or law enforcement witness present, dependent on the nature of the Destruction Request. If your destruction is approved, you **MUST** provide the Department with photographic evidence of the destruction method taking place on your hemp plot(s).
- This request form is due in the event of failed plantings, failed crop emergence, research only plots, noncompliant hemp testing above the acceptable THC level, rogued male plants, etc. **Refer to Program's 2023 Sampling, Testing, Remediation and Disposal Guidelines Document, posted on the Program's website.**
- This request form is **due at least 15 days prior to destroying any industrial hemp material.**
- This request is intended for **ONE planting street address**. If you have other street addresses with hemp material or plots that need to be destroyed, fill out this request form for each additional street address.

License Holder:		License #:	
Name of Signing Authority (if business):			
Email:	Phone:		

1) Indicate Registered Address for this destruction request:

Planting Address (MUST Match Address on Page 2+ of Grower License)	City	Zip	County

2) Complete the information below regarding the hemp lot(s) you are requesting to destroy. **You must receive approval in writing from the Department PRIOR to implementing your destruction method**, as the Department may inspect, witness, or collect samples.

NOTE: If you planted a plot and there is/was no emergence of plants (failed crop, no harvest), indicate below under "reason for proposed destruction," even if there is no biomass to actually destroy.

Location ID (MUST match Location ID on Page 2+ of License)	Hemp Variety (Spell-out complete variety name)	Acres / Square ft. proposed for destruction	Date of Proposed Destruction	Reason for Proposed Destruction	FSA Lot Number: (Farm#)- (Tract#)- (CLU/Field#)	Will this be a complete destruction of all hemp in this plot?*		
Ex: Field 2	Ex: Hemp18	Ex: 10 ac	Ex: 8/15/2018	Ex: no emergence	Ex: mowing		Yes	<input checked="" type="checkbox"/> No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

† Attach additional sheets as necessary.

3) What is your proposed destruction method for the indicated lot(s) in question 2?

(Approved Destruction Methods: Plowing Under, Mulching/Composting, Disking, Bush Mower/Chopper, Deep Burial, Burning)

4) Attach pictures of the hemp lot(s) in this request intended for destruction.☐

Pictures attached

5) Is this destruction request due to a noncompliant THC% lab test result issued by the Department?☐

YES

☐

NO

6) Indicate if you have any other industrial hemp growing on your property.☐

YES

☐

NO

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete an additional Harvest or Destruction Request form at least 15 days prior to harvesting or destroying any hemp material. All planted hemp plots must have an associated Harvest Request Form or Destruction Request Form before the end of the season.

By signing my name below, I attest that I am the license holder or a signing authority of the license holder who is authorized to submit this request form. Furthermore, I attest that this information is accurate and complete to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

Email to: Industrialhemp@agriculture.arkansas.govPLANT INDUSTRIES
DIVISION

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